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SENATE BILL 6363

State of Washington 59th Legislature 2006 Regular Session

By Senators Keiser, Benson, Franklin, Poulsen, Thibaudeau, Kline and Parlette

Read first time 01/11/2006. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to developing worksite health promotion programs;

2 reenacting and amending RCW 41.05.065; adding a new section to chapter

41.05 RCW; adding a new section to chapter 43.70 RCW; and creating a

4 new section.

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5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 <u>NEW SECTION.</u> **Sec. 1.** The legislature finds that:

- (1) Washington state employers incur significant costs stemming from the poor health of some of their employees. Costs come in the form of increased health care premiums, lower productivity of employees, and higher absenteeism.
 - (2) The health benefits of worksite health promotion programs can include increased physical activity, improved nutrition, reduced rates of obesity, lower stress, decreased rates of smoking, reductions in other health risks, and increased self-management of chronic conditions.
- (3) The financial benefits of worksite health promotion programs can include decreased absenteeism, reduction in medical costs, improved productivity, and improved employee satisfaction and loyalty leading to increased retention and short-term disability savings.

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NEW SECTION. Sec. 2. A new section is added to chapter 41.05 RCW to read as follows:

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- (1) The authority shall develop an on-line health assessment tool that is available to state employees. The health assessment tool must:

 (a) Be voluntary; (b) be confidential; (c) enable participants to compare their personal health information with local and national data; and (d) generate recommendations about programs and actions most likely to improve individual health.
- 9 (2) The authority shall make the on-line health assessment tool 10 available to private sector employers. The administrator may charge 11 private sector employers an annual enrollment fee sufficient to offset 12 the cost of administering the health assessment tool for private sector 13 employers.
- 14 Sec. 3. RCW 41.05.065 and 2005 c 518 s 920 and 2005 c 195 s 1 are each reenacted and amended to read as follows:
 - (1) The board shall study all matters connected with the provision of health care coverage, life insurance, liability insurance, accidental death and dismemberment insurance, and disability income insurance or any of, or a combination of, the enumerated types of insurance for employees and their dependents on the best basis possible with relation both to the welfare of the employees and to the state. However, liability insurance shall not be made available to dependents.
 - (2) The board shall develop employee benefit plans that include comprehensive health care benefits for all employees. In developing these plans, the board shall consider the following elements:
 - (a) Methods of maximizing cost containment while ensuring access to quality health care;
 - (b) Development of provider arrangements that encourage cost containment and ensure access to quality care, including but not limited to prepaid delivery systems and prospective payment methods;
 - (c) Wellness incentives that focus on proven strategies, such as smoking cessation, injury and accident prevention, reduction of alcohol misuse, appropriate weight reduction, exercise, automobile and motorcycle safety, blood cholesterol reduction, and nutrition education;
- 36 (d) Utilization review procedures including, but not limited to a 37 cost-efficient method for prior authorization of services, hospital

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- inpatient length of stay review, requirements for use of outpatient surgeries and second opinions for surgeries, review of invoices or claims submitted by service providers, and performance audit of providers;
 - (e) Effective coordination of benefits;

- (f) Minimum standards for insuring entities; and
- (g) Minimum scope and content of public employee benefit plans to be offered to enrollees participating in the employee health benefit plans. To maintain the comprehensive nature of employee health care benefits, employee eligibility criteria related to the number of hours worked and the benefits provided to employees shall be substantially equivalent to the state employees' health benefits plan and eligibility criteria in effect on January 1, 1993. Nothing in this subsection (2)(g) shall prohibit changes or increases in employee point-of-service payments or employee premium payments for benefits.
- (3) The board shall design benefits and determine the terms and conditions of employee and retired employee participation and coverage, including establishment of eligibility criteria. The same terms and conditions of participation and coverage, including eligibility criteria, shall apply to state employees and to school district employees and educational service district employees.
- (4) The board may authorize premium contributions for an employee and the employee's dependents in a manner that encourages the use of cost-efficient managed health care systems. During the 2005-2007 fiscal biennium, the board may only authorize premium contributions for an employee and the employee's dependents that are the same, regardless of an employee's status as represented or nonrepresented by a collective bargaining unit under the personnel system reform act of 2002. The board shall require participating school district and educational service district employees to pay at least the same employee premiums by plan and family size as state employees pay.
- (5) The board shall develop a health incentives program that provides participating employees with lower out-of-pocket expenditures, which may include reduced copays, deductibles, and coinsurance. The health incentives program may include an annual health assessment, a recommended plan of action designed to improve the participant's health, and a method that allows participants to track their efforts at achieving their goals. The board may create different levels of

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reduced out-of-pocket expenditures for participants based on participants' levels of participation in the program. The program shall be voluntary, and the information provided by participants shall be confidential.

- (6) Employees shall choose participation in one of the health care benefit plans developed by the board and may be permitted to waive coverage under terms and conditions established by the board.
- (((6))) (7) The board shall review plans proposed by insuring entities that desire to offer property insurance and/or accident and casualty insurance to state employees through payroll deduction. The board may approve any such plan for payroll deduction by insuring entities holding a valid certificate of authority in the state of Washington and which the board determines to be in the best interests of employees and the state. The board shall promulgate rules setting forth criteria by which it shall evaluate the plans.
- (((17))) (8) Before January 1, 1998, the public employees' benefits board shall make available one or more fully insured long-term care insurance plans that comply with the requirements of chapter 48.84 RCW. Such programs shall be made available to eligible employees, retired employees, and retired school employees as well as eligible dependents which, for the purpose of this section, includes the parents of the employee or retiree and the parents of the spouse of the employee or retiree. Employees of local governments and employees of political subdivisions not otherwise enrolled in the public employees' benefits board sponsored medical programs may enroll under terms and conditions established by the administrator, if it does not jeopardize the financial viability of the public employees' benefits board's long-term care offering.
- (a) Participation of eligible employees or retired employees and retired school employees in any long-term care insurance plan made available by the public employees' benefits board is voluntary and shall not be subject to binding arbitration under chapter 41.56 RCW. Participation is subject to reasonable underwriting guidelines and eligibility rules established by the public employees' benefits board and the health care authority.
- (b) The employee, retired employee, and retired school employee are solely responsible for the payment of the premium rates developed by the health care authority. The health care authority is authorized to

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charge a reasonable administrative fee in addition to the premium charged by the long-term care insurer, which shall include the health care authority's cost of administration, marketing, and consumer education materials prepared by the health care authority and the office of the insurance commissioner.

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- (c) To the extent administratively possible, the state shall establish an automatic payroll or pension deduction system for the payment of the long-term care insurance premiums.
- (d) The public employees' benefits board and the health care authority shall establish a technical advisory committee to provide advice in the development of the benefit design and establishment of underwriting guidelines and eligibility rules. The committee shall also advise the board and authority on effective and cost-effective ways to market and distribute the long-term care product. The technical advisory committee shall be comprised, at a minimum, of representatives of the office of the insurance commissioner, providers of long-term care services, licensed insurance agents with expertise in long-term care insurance, employees, retired employees, retired school employees, and other interested parties determined to be appropriate by the board.
- (e) The health care authority shall offer employees, retired employees, and retired school employees the option of purchasing long-term care insurance through licensed agents or brokers appointed by the long-term care insurer. The authority, in consultation with the public employees' benefits board, shall establish marketing procedures and may consider all premium components as a part of the contract negotiations with the long-term care insurer.
- (f) In developing the long-term care insurance benefit designs, the public employees' benefits board shall include an alternative plan of care benefit, including adult day services, as approved by the office of the insurance commissioner.
- (g) The health care authority, with the cooperation of the office of the insurance commissioner, shall develop a consumer education program for the eligible employees, retired employees, and retired school employees designed to provide education on the potential need for long-term care, methods of financing long-term care, and the availability of long-term care insurance products including the products offered by the board.

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(h) By December 1998, the health care authority, in consultation with the public employees' benefits board, shall submit a report to the appropriate committees of the legislature, including an analysis of the marketing and distribution of the long-term care insurance provided under this section.

NEW SECTION. Sec. 4. A new section is added to chapter 43.70 RCW to read as follows:

To the extent funds are appropriated specifically for this purpose, the department shall develop a healthy worksite grant program designed to assist employers seeking to implement strategies to improve the health of their employees. The department shall adopt rules to implement the healthy worksite grant program that include:

- (1) Eligibility criteria for employers to apply for grants that include limiting the program to employers with less than two hundred employees; and
- (2) Criteria for evaluating grant applications that include an assessment of whether the proposed project incorporates worksite strategies known to be effective in increasing physical activity, improving diets, and reducing obesity among employees and the degree to which applicants commit to providing internal resources to implement a proposed strategy.
- The department shall report to the appropriate policy and fiscal committees of the legislature by December 1, 2008, evaluating the grant program.

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